

UC978 U.S. PRO
10/055760
01/23/02

Basic Filing Fee								\$ 740
Multiple Dependent Claim Fee (\$ 280)								\$
Foreign Language Surcharge (\$ 130)								\$
	For	Number Filed		Number Extra		Rate		
Extra Claims	Total Claims	47	-20	27	x	\$ 18	=	\$ 486
	Independent Claims	4	-3	1	x	\$ 80	=	\$ 80
TOTAL FILING FEE								\$ 1,306

- ☒ Please charge Applicant's Credit Card in the amount of \$1,306.00. A Credit Card Payment Form is enclosed for fee purposes.
- ☒ The Commissioner is hereby authorized to charge any additional fees under 37 CFR § 1.16 and § 1.17 which may be required in connection with this application, or credit any overpayment, to Deposit Account No. 50-1744 in the name of Syngenta Biotechnology, Inc.

Please address all correspondence to the address associated with Customer No. 022847, which is currently:

Syngenta Biotechnology, Inc.
Patent Department
P.O. Box 12257
Research Triangle Park, NC 27709-2257

Please direct all telephone calls to the undersigned at the number given below, and all telefaxes to (919) 541-8614.

Respectfully submitted,



Date: January 23, 2002

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